

Retail Food Establishment Inspection Report

Floyd County Health Department Telephone:812-948-4726

X000

Based on an inspection this day, the item(s) noted below identify violations of 410 IAC 7-24, Indiana Retail Food Establishment Sanitation Requirements. The time limit for correction of each violation is specified in the narrative portion of this report.

Establishment Name Schwars Home Service, 186. Establishment Address (number and street, city, state, zip code) 4115 Capibl D. Alex Albay, 18 47150 Owner Schwars Home Service, 186. Owner's Address			Telephone Number 112 145 2124 5°7 537 9848 Purpose: 1. Routine 2. Follow-up 3. Complaint	Date of Inspection (mm/dd/yr) 7/18/2019 PERMIT # 19 - 265 Follow-up Release Date 10 dass Summary of Violations:
Person in Charge Greg Letzeisen Responsible Person's E-mail Certified Food Manager • CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE		4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list) COLUMNS MARKED "C"	C	
• VIOLATION(S) RES			ed in the "summary of violations" Narrative	To Be Corrected By
	No vicl	otions.		
Received by (name a	y Lebeisa	cc:	Inspected by (name and titl A.), Inspected by (signature):	le printed): Ingram (EHs) Go: